

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101587,246

FILING DATE

7-26-06

APPLICANT(S)

10-26-06 CLAIMS

| | After Article 34 | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|------------------|------|---------------------------------|------|---------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | 1 | |
| 2 | | 1 | | 1 | | 1 |
| 3 | | 1 | | 1 | | 1 |
| 4 | | 1 | | 1 | | 1 |
| 5 | | 1 | | 1 | | 1 |
| 6 | | 2 | | 2 | | 2 |
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| 9 | | 1 | | 1 | | 1 |
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| 11 | | 1 | | 1 | | 1 |
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| TOTAL IND. | 1 | ↓ | 1 | ↓ | 3 | ↓ |
| TOTAL DEP. | 8 | ← | 8 | ← | 14 | ← |
| TOTAL CLAIMS | 9 | | 9 | | 17 | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|---------------------------------|------|---------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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